



Incentivizing and Aligning Cross-Departmental Service Delivery for Female Offenders With Dependent Children

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Brief Presentation:

- ❖ Context
- ❖ Description of Initiative
- ❖ Future Implications
- ❖ Caveat



Context: Fragmented Behavioral Health Service Delivery

Department of Health Care Policy and Financing (Medicaid)

- Medicaid MH Capitated Programs
- Medicaid SA Outpatient Benefit

Department of Human Services Division of B. H. (MH & SA)

- SAPT and MH Block Grants
- Non-Medicaid MH and SA Community Programs
- Medicaid SA benefit - pregnant women

Office of BH and Housing

- Two public psychiatric hospitals (MHI)

Context: Fragmented Behavioral Health Service Delivery (cont.)

- 43 stable funding streams for BH
- Add'l 42 when time limited grants included
- Multiple agencies manage \$\$
- 22 judicial districts, 5 BHO, 64 counties, 17 MHC, 4 MSO, 6 prevention regions, 8 education regions, etc.



Context: Opportunities/Leverage Points



- New Governor & Executive Leadership
 - *Recidivism Package*
- Legislative Task Force on Behavioral Health
 - *Recommendations for change*
 - *Lessons from other States*
- Alignment Among Stakeholders
 - *Position Paper*



Context: Implementation Realities

- Creation of BH Commission
 - *BH Cabinet Formation*
- Alignment of Service Regions
 - *Incentivize Networks*
- Meaningful Involvement of Consumers and Families



Description of Initiative: Basics

- 100 female offenders with BH treatment needs
- Appx. 150 dependents under age 18
- Parole (DOC) population
- Comprehensive wrap around services
- Solid evidence-based practices
- Denver Metro Area
- Braid existing funding streams
- High-risk population for recidivism and “next generation”
- Governor’s Initiative



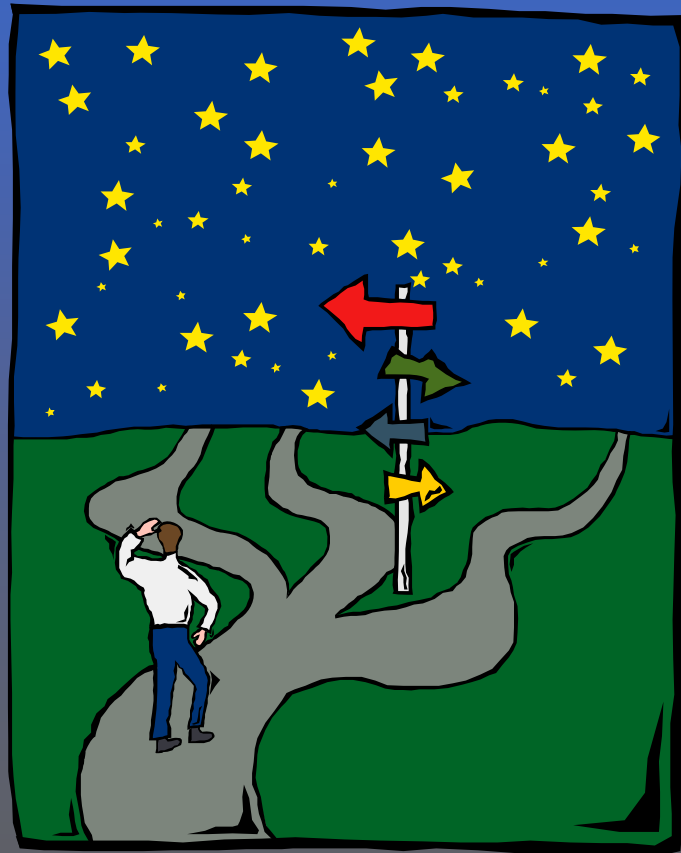
Description of Initiative: Unique Elements

- Engage community partners with State partners
- 9-month planning process facilitated by private foundation
- Pool of \$1.3 million in flexible funding (GF)
- Self-Selected network of providers & CBO
- Continuum of service delivery
- Cross-departmental shared outcomes
- Ongoing partnership among local, State, Federal (?) agencies



Future Implications

- Balance accountability with flexibility
- Already experiencing “fall back position” to status quo
- Will the community engage with us?
- Pressure to deliver “the goods”



Future Implications

Apply learnings to new population:

- Homeless
- Youth

Reinvent Gov't
Processes



Deliver Better Services

Expand to rural and
frontier areas

Further Alignment



Any Questions?



Colorado HJR 07-1050 Behavioral Health Task Force Report

- Available online at
 - <http://www.csi-policy.org/1050taskforce/1050Report.pdf>

